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## APPLICANTS

James Loyd, Nashville, TN;

 Dennis Creedon, Sandwich, MA;  
 Lewis H. Marten, Westwood, MA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials <i>AFD</i>	TN	2	25	3

## ADDRESS

 20999  
 FROMMER LAWRENCE & HAUG  
 745 FIFTH AVENUE- 10TH FL.  
 NEW YORK, NY  
 10151

## TITLE

Transtracheal oxygen stent

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